

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1080983  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		3				
8	1					
9		1				
10		1				
11		1				
12		1				
13		3				
14	1					
15		1				
16		1				
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34		1				
35	1					
36		1				
37		1				
38		1				
39	1					
40		1				
41		2				
42	1					
43		1				
44		1				
45		1				
46		2				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	9					
TOTAL DEP.	57					
TOTAL CLAIMS	66					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		1				
53		1				
54	1					
55		2				
56		1				
57		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO - 8360 (REV. 11/64)

U.S. DEPARTMENT OF COMMERCE  
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